

Advancing State Models to Influence Federal Policy

BACKGROUND

The pandemic accelerated trends of moving the delivery of care into the home or community. Without proper funding, however, care at home may remain the province of better resourced individuals and families. While access to palliative care and hospice has increased within hospitals across the country, the expansion of these services is uneven. People with serious illness still struggle to receive care at home and in the community.

Furthermore, people at highest risk for unmet needs, underserved populations, and those on Medicaid, are less able to access these services, often due to the lack of resources, variability in the delivery of services, and lack of awareness about the availability of this type of care.

On the federal level, Medicaid has the potential to address equity issues through waivers or plan amendments. For example, Medicaid will pay for some community-based services designed to deliver more person-centered care to underserved populations. Equally, actions at the state policy level can make these and other services more available, through waivers and amendments, thereby achieving greater equity, improved access, and better outcomes for this same population.

States can more quickly test models to assess, coordinate, and deliver care. These results can scale models and benefits efficiently across state Medicaid agencies, and influence policy at the federal level. Successes may improve programs such as Medicare, using authority and flexibility under current law. Opportunities to streamline or fast-track federal waivers or approvals can be identified. Additionally, policies can be explored to provide federal grants or other resources for community-based organizations to develop the needed infrastructure to deliver such services at the local level, especially in underserved areas.

States are innovating new models of care within their Medicaid programs to support people with serious illness and improve health equity. Currently, Hawaii is leading this effort, implementing improved benefits for people with serious illness. At least 15 other states are actively working on a Hawaii-like approach, and others have expressed interest. These states are taking action to pass legislation or take other policy measures to implement programs and waivers to expand access to services like care coordination, palliative care, and advance care planning into the home and community settings.

How can we leverage the flexibility, speed and innovation of state models of care to influence federal policy decisions?

C-TAC'S BLUEPRINT FOR CHANGE

State policymakers and other stakeholders must explore, address, and gain consensus on the following key issues:

- Defining the population
- Defining the services
- Qualifying providers
- Setting reimbursement
- Monitoring and evaluating outcomes.

We call on state and federal policy makers to:

- Develop a standard definition of palliative care services and the minimum standards that should be required for all palliative care benefits filed under waivers or state plan amendments
- Allow dual eligible beneficiaries (individuals who receive both Medicare and Medicaid benefits) to be able to access palliative care services benefits filed by states without the need to prove budget neutrality to the Medicaid program (focusing on total cost of care reductions across both Medicare and Medicaid for dual eligible members)
- Increase ARPA funding for states to build necessary infrastructure to expand workforce capacity, data and technology integration, and engagement efforts for home and community-based services
- Streamline the approval process for states filing waivers or state plan amendments for palliative care services
- Provide education for Medicaid directors and state leaders on palliative care services and their opportunities to reduce costs and improve quality.